



Authorization for the Release and Exchange of Information

ABLED is required to obtain certain information to provide services to participants. ABLED will protect their information and safeguard them from potential intrusions into their privacy.

I _____ (guardian) consent to release all information necessary for ABLED to provide services to _____ (participant). I understand that refusal to give written consent for the release of information may result in service termination.

Furthermore, I consent to allowing the use of photographs and personal information for external and internal public information activities (newsletter, news release to public media, videotapes, social media, abledinc.com, etc.). All public information activities focus on achievements and include only information that is relevant to the story. In some cases, ABLED may contact me (guardian) for verbal approval.

Participation in public information activities is optional and may be limited. I consent to allow ABLED to use photographs and personal information reasonably and discreetly in public information activities EXCEPT those listed below (write N/A if there are no restrictions):

This authorization for release of information will remain valid for one year after the date signed below. I may withdraw or withhold my consent at any time.

Participant:

Date:

Legal Guardian: (If applicable)

Date:

ABLED, Inc. Representative:

Date: